STATE OF MAINE JUDICIAL BRANCH

GUARDIAN AD LITEM ROSTER APPLICATION

PART A (Subject to Public Disclosure)

(Vaiiic.					
Business Add	lress:				
City:			State:	Zip code: _	
Business Telephone:		Fax:			
E-mail:					
			EXPERIENCE:		
Α	. GENERAI	L EDUCAT	TIONAL BACKGRO	IJ ND	
Degree		nstitution		ocation	Date
	ent valid lice	nse to practi	NAL LICENSURES ice law in the state of N Date:		
2. Cymmant yra					
2. Current va	nd ncense to	practice as	an:		
		License #:	Licensing Authority:	Address:	Date:
· - J F - ·					
LSW					
LSW LCSW					
LSW					
LSW LCSW LPC					
LSW LCSW LPC LCPC					
LSW LCSW LPC LCPC LMSW LMFT PSYCE					

Rev. 06/09

copy of waiver.)

C. OTHER PROFESSIONAL LICENSURES

Type	Licensing Authority & State	Address	Date

D. GUARDIAN AD LITEM AND OTHER TRAINING

Please list your formal GAL training (attach additional sheets if necessary):

Date	Course/Program	Sponsor	Hours
		TOTAL HOURS:	

Please list your other relevant training (attach additional sheets if necessary):

Date	Course/program	Sponsor	Hours
		TOTAL HOURS:	

Please	indica	te which	case type	es you are	applying	to be	rostered f	or:

Title 22 (Child Protection			
Title 22 (Child Protection	on) Title $10_{-}\Delta$	(Family Matters)	Roth
	m_1 m_2 m_3	(I allilly lylaticis)	Doui —

II. COURTS IN WHICH YOU ARE WILLING TO WORK

Below is a list of all court locations with a box next to each. If you are willing to accept guardian assignments from a court, place a $\sqrt{}$ in the box beside the appropriate court location.

Androscoggin County	Oxford County
Lewiston/Auburn	Rumford
	South Paris
Aroostook County	
Caribou	Penobscot County
Houlton	Bangor
Presque Isle	Lincoln
Madawaska	Millinocket
Ft. Kent	Newport
Cumberland County	Piscataquis County
Portland	Dover-Foxcroft
Bridgton	Sagadahoc County
Franklin County	West Bath/Bath
Farmington	
	Somerset County
Hancock County	Skowhegan
Ellsworth	
	Waldo County
	Belfast
Kennebec County	
Augusta	Washington County
Waterville	Calais
	Machias
Knox County	
Rockland	York County
	Biddeford
Lincoln County	Springvale
Wiscasset	York

III. REFERENCES

Please list two persons, not related to you, who are familiar with the skills you have that will make you a successful Guardian:

Name:				
Address:				
City:	State:	Zip:		
Telephone:	Fax:			
Name:				
Address:				
City:	State:	Zip:		
Telephone:	Fax:			
IV. BACKGROUND REVIEW A	ND PROFESSIONAL ETHICS			
Have you been convicted of any crime or violation other than a traffic infraction? ☐ Yes ☐ No				
Have you been removed, suspended, reprimanded or subject to any other discipline by a licensing board, professional organization, or governmental tribunal? ☐ Yes ☐ No				
Have you ever been a party, other than acting as a Guardian ad litem, to a Child Protective case brought pursuant to Title 22 of the Maine Revised Statutes, or to a similar case in any other jurisdiction? Yes No				
Have you ever been a party, other than acting as a Guardian ad litem, to a Protection from Abuse case brought pursuant to Title 19-A, Chapter 101 of the Maine Revised Statutes, or to a similar case in any other jurisdiction? \[\sum \text{Yes} \sum_{No} \]				
(If your answer is yes to any of the four previous questions, please provide full details on a separate sheet, including any information you believe may be helpful to the Chief Judge in evaluating your application.)				

Association Family Law Section or Academy of Matrimonial Lawyers,	w professional organization? (e.g. Maine State Bar Child Protection and Juvenile Justice Section, American Maine Association of Dispute Resolution Professionals, erican Bar Association Family Law Section, etc.)? If
V. AFFIRMATIONS, CONDI	TIONS OF APPLICATION AND RELEASE
constitute a basis for the rejection of Guardians ad litem. I understand that will request Court Security Services background investigation, including listed, an inquiry of criminal or mot Maine Revenue Services and a scree Support custody case indices. Such complaints/matters concerning me a Additional background reviews may be verified. I hereby consent and gire	tion in my application, including Parts A, B and C may f my application or removal of my name from any roster of at if my application is conditionally accepted, the Chief Judge of the Administrative Office of the Courts to conduct a put to the Limited to, an inquiry of licensing boards I have or vehicle arrest and conviction records, an inquiry of the ening of Department of Human Services protective and Child inquiry shall include a complete review of all as well as the resulting dispositions from these matters are conducted and the information I have given therein may be permission to the Judicial Branch, the Office of the Chief crity Services to conduct all such reviews.
	oly with the Judicial Branch Code of Conduct, and the see and policies applicable to Guardians ad litem in the
	f this form will be made available to the public if requested. provided by me on this application form is accurate and
Signature	Date

PLEASE RETURN THIS APPLICATION TO:

Administrative Office of the Courts
Family Division
171 State House Station
Augusta, Maine 04333-0171
QUESTIONS? CALL (207) 287-7626

PART B (Not subject to Disclosure)

Name:		
Business Address:		
City:	State:	Zip code:
Business Telephone:	(Attorneys) Bar ID	#:
*Business Fax: *Business E-mail:		
Home Address:		
City:	State:	Zip code:
Home Telephone:		
*Home Fax:		
*Home E-mail:		
* = Optional		
Date of Birth:		
Social Security No :		
Driver's License No./State:		
I hereby affirm that the informatio complete under penalty of law.	n provided by me on this app	elication form is accurate and
Signature		Date

Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552 (a), you are notified that disclosure of your Social Security Number is voluntary. The Social Security Number will be utilized by the Office of Court Security Services for a criminal history records search.

PART C (Not subject to Public Disclosure, May be Provided to Other Agencies)

GUARDIAN AD LITEM RELEASE AND AUTHORIZATION

I release and authorize the Judicial Branch to do all things necessary to conduct a Guardian ad litem background check. I understand that this will include a criminal history records check, a motor vehicle records check, a DHS records check and a status check with any applicable licensing boards.

Identification Information:	
Name:	
Date of Birth:	
Social Security Number:	
Maine State Driver's License Number:	
Any Other State Lived in Within Past 10 years	s:
I hereby affirm that the information procomplete under penalty of law. This release masources.	vided by me on this release is accurate and y be provided to the above listed information
Signature	Date

BCFSCP-082



STATE OF MAINE

DEPARTMENT OF HEALTH & HUMAN SERVICES

AUTHORIZATION FOR MAINE CHILD PROTECTIVE SERVICE	ES CENTRAL CASE RECORDS RESEARCH
Iauthorize rele	ease of confidential information by the Maine
(Please print clearly) Department of Health & Human Services, Bureau of Child and Fami involved in a substantiated Maine Child Protective Services case.	ily Services regarding whether I have been
Enclosed is the \$15.00 fee authorized under P.L. 2003, C.673, Part V	V. Fee Waived.
I authorize release of this information to the agency/service provider	identified below.
I understand that:	
a. If this search shows that I have been involved in a substantiated required before the nature of my involvement will be disclosed to the	,
b. This information will be used as part of the agency/service proservices for children and families for this agency.	ovider's assessment of my suitability to provide
c. This information is subject to continuing confidentiality as provid	ed by Maine statutes Title 22 94008.
This consent will expire upon the release of the information as autho	rized.
This consent may be revoked by me in writing at any time, except fo	r information that has already been released.
Agency/Provider to receive this information: Administrative Office of the Courts-Family Division #171 SHS Augusta, ME 04333	My date of birth:
1. nguou, 1.12 0.000	Other names I have been known by: (including maiden name)
	Client's Signature Date
Initial Release Form	Address

Mail to: Child Protective Intake Unit, Records Research, SHS 11, Augusta, ME 04333



STATE OF MAINE DEPARTMENT OF HEALTH & HUMAN SERVICES

To: Kirsten Skorpen Administrative Office of the Courts - Family Division #171 SHS Augusta, ME 04333

Subject of child protective records research:
Date of Birth:
Other Names Known By:
Today's Date:
s with a release of information signed by the person named above. You requeste tening regarding this person. You included the \$15.00 fee for records research. Fee waive

You provided us d a child abuse/neglect scre ed.

This search has several limitations. Only allegations of child abuse or neglect that were substantiated are included. Reports or requests for services referred out to other resources are not included. Allegations that were unsubstantiated or indicated are not included. Persons involved in a case with different last names may be missed by the search process. Therefore, a negative response to a search should not be construed as a guarantee that this person has never been involved with Maine Child Protective Services.

This person was not involved in a substantiated child protection case. Research of our family case records found that this person was involved in a substantiated child protection case. Before we can provide information about the nature of this person's involvement, we will 'need a subsequent release. This must be on the Department's form to authorize release of confidential child protective services case records information (BCFSCP-084). .

The above named person is under 18 years of age. Confidentiality laws prohibit providing information on children under 18.

This information is being provided to you solely for the purpose identified in the signed release and is subject to continuing confidentiality as provided by Maine statutes Title 22 section 4008. Any unlawful dissemination is a Class E Crime, punishable by a fine of not more than \$ 500.00 or by imprisonment for not more than 30 days.

If you have questions about this information please let me know.

Research of our central case records file found that:

Sincerely,

Child Protective Intake Unit

BCFSCP-083